

An Exploration of Best Practices in Qi Gong

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Many of the participants of this National Expert Meeting on Qigong and Tai Chi (NEMQGTC) have long been inspired by the profound potential that Qigong and Tai Chi (QGTC) have to empower people to maximize themselves. So much are we energized by this potential that we have devoted our entire careers to fostering the continuing evolution of these arts of personal cultivation – self-maximization practices.

In the West we are just beginning to understand that value of wellness in health care. In Asia, however, health care and medicine have always been based on wellness – that is cultivating optimal functionality – since times previous to history and writing. In fact, when the Chinese began writing, according to scholars, the concept of the human capacity to self-maximize and to produce powerful inner healing resources was already well developed. The earliest writings about an “inner elixir” – the healer within – suggest that the conversation about the body’s inherent capacity for self-repair began hundreds, perhaps even thousands, of years earlier. This then suggests that the awareness and purposeful cultivation of self-generated healing in Asia was possibly in process as much as 3000 to even 5000 years ago.

We who learn, practice, research, teach and foster the evolution of Qigong and Tai Chi are standing on the shoulders of those who stand on the shoulders of hundreds of generations of purposeful and inspired practitioners, philosophers, doctors, martial artists, monks, academicians and inquiring researchers of a tradition of observational science that is remarkable.

Health, longevity, healing, disease prevention, risk management, medical cost reduction, functional optimization, stress mastery, social stability and interactivity, productivity enhancement, cognitive sustainability, inner peace – these are now, and have long been, the promises of Qigong and Tai Chi. These are the potential outcomes that may be accessed in our contemporary societies which have so much need for safe and efficient health care now. Our health care system is under immense pressure, the impending statistical spike in older people and the load of chronic disease is on a trajectory to destabilize our culture and economy.

This meeting has the potential to foster and support the clarification of the most important next steps that can assist in bringing the benefits of these thousands of years of refinement of QGTC – a remarkable convergence of exercise and simultaneous restfulness, a dynamic or moving meditation – to bear on perhaps the most monumental crisis of our time.

I urge us to approach our task with immense humility and great enthusiasm. I propose one quintessential best practice, two guiding ideals and a dozen or so practical best practices.

Best Practices in Personal Cultivation – Qigong (and Tai Chi)

Origin of Qigong (Shamanic ritual dance, Dao Yin, Yang Sheng) – prehistory
Origin of Tai Chi concept (Taiji) - Tang Dynasty (600-900 CE) and Song Dynasty (1000 CE)
Origin of Tai Chi as cultivation practice – 1500 CE

Tai Chi is a kind of Qigong, Qigong is the mother of Tai Chi and many Chinese arts and sciences.

The field is extremely complex - styles, lineages, politics, bias. The lack of a coherent framework has hindered the capacity of the benefits of QGTC to diffuse widely.

The Quintessential Best Practice – Clarify the Field

Clarify the field and foster a unification of Qigong and Tai Chi research and practice world-wide.

The history of rising and waning dynasties, multitudes of schools of thinking, the sheer geographic immensity of China and all of Asia and the multi-millennial length of time that has been involved – these all suggest that the body of knowledge that is included within the scope of what we currently call Qigong and Tai Chi is vast. The science of the traditional Asian cultures is observational in the great tradition of all “original” cultures. In addition, the science of QGTC has been traditionally much more subjective than is respectable in the West.

With insights gathered from 30 years of inquiry into Chinese medicine and the cultivation arts of Asia, I strongly believe we are at a kind of new and unique starting place for bringing a new form of organization to all that has been done for millennia with QGTC (and perhaps Yoga as well). Yoga is Indian Qigong, Qigong is Chinese Yoga.

QGTC have recently experienced a contemporary renaissance in China and Asia – especially from 1975 – 1998-99. With the work that we may accomplish at our Expert Meeting in complement to the good work of many already in process, a world-wide renaissance is at hand.

Please refer to the appendix of this brief paper for a more thorough exploration of the opportunity that we have to clarify the field and foster a unification of research and practice world-wide.

Guiding Ideals – the Foundations of Best Practice

- 1. Honor origins and cultural sources of QGTC.**
- 2. Honor the principles that provide the foundation of QGTC.**

There is a natural tension between historic traditions and renaissance activity. However, there is a long tradition in Asia of new revelations and constant evolution of principle and practice. It is possible to take appropriate new steps in the widespread diffusion of QGTC, while being mindful of origins and principles.

Over three decades of personal participation in the integration of QGTC in the US – learning, practicing, teaching, researching, training teachers -- a number of best practices have emerged. Through eight research trips to universities, hospitals, parks, and sacred sights in China, introducing thousands of people to QGTC in the US, reviewing the literature, and acting as a investigator and consultant on several QGTC research projects have assisted in further refining this list of best practices. There are also a large number of assumptions about certain other best practices that have been found to be false assumptions. There is no reason to discuss them here.

Best Practices

- 1. Easy to access, simple to learn and practice**

2. Fun and stress free
3. Socially engaging
4. Suitable for seniors and chronically ill – adaptable to wide range of populations
5. Repetition - for ease – baskets of practice*
6. Mildly diverse – to keep interesting – baskets of practice*
7. Replicable across diverse populations – baskets of practice*
8. Inexpensive
9. Inherent philosophical connections but not religious, martial or esoteric
10. Inherent association with holistic type health care and medical practices
11. Facilitators (or practice leaders) may be non-professional to accelerate diffusion
11. Nationally uniform standards for facilitators, practice leaders and teachers

These best practices will appear to some to be simplistic. It is true that much of the power that is traditionally attributed to the politics of lineages and schools is not included on this list. Some of the traditional best practices from the Imperial Era and post-Imperial conflicts are no longer practical.

Some of the more historically traditional best practices for QGTC were very limited and complex. There are specific historic reasons for this. The world-wide diffusion of the benefits of QGTC is unlimited and simple. There are contemporary reasons for this. The prime reason is that disempowered people spend too much on medicine, while empowered people can actually produce medicine within their own bodies for free.

* **Baskets of practice** - it has been found that people eventually rebel or get bored when a set of practices is too rigidly limited. QGTC are comprised of movement, breath, meditation and self-massage. Our theory, which was found in preliminary research to be worth further study, is that it is most effective to have baskets of movements, and baskets of breath practice, meditation and self-massage to draw from to create interesting and fun learning and practice experiences.

Best Practices with Brief Elaboration

1. Easy to access, Simple to learn and practice

For widespread diffusion and effectiveness, accessibility and simplicity are required. Traditional complex and esoteric approaches have little retention for average citizens. With certain populations the traditional forms are useful, especially those who have grasped the simpler more accessible approaches. Simple lowers the barriers to entry and diffusion becomes more likely.

2. Fun and stress free

Traditionally, it is important in QGTC to do it “right”. Research and experience have proven that stress compromises the capacity for learning and memory (Newcomer 6/99, Beversdorf 9/99). Trying to “get it right” causes stress and a decrease in the capacity to learn. We have found that this rule is the key to retention in classes, “modify the practice to keep it easy and fun, it is better to do it wrong than not at all”. Fun and the absence of stress accelerate natural internal self-healing mechanisms – triggering the “medicine within”, the “inner elixir”.

3. Socially engaging

The research on psychosocial interactivity and healing has demonstrated benefits for both longevity and mortality in numerous diagnostic areas. (Spiegel 10/89, Kohut 7/05) QGTC create a context for psychosocial interactivity that is wellness rather than diagnosis based. Historically, especially 1975 – 1998 /99 in China, this was especially true, large groups practice together with social interactivity. Guolin Qigong includes what is called “social oncology”.

4. Suitable for seniors and chronically ill – adaptable to wide range of populations

Research has demonstrated that mild and moderate exercise has risk reducing effects on “all causes” of disease and mortality (Blair, 10/93). Many people (seniors, chronically ill, at risk) have never had an exercise program and QGTC is a perfect, low impact entry point for either sustained mild exercise or as a bridge to advance to more intense exercise over time.

5. Repetition for ease of learning – baskets of practice

All populations become bored with too much repetition. They become confused and stressed without enough repetition. Training facilitators and practice leaders to understand the threshold for boredom and stress is very important. The “baskets of practice” framework allows for both repetition and diversity.

6. Mildly diverse to keep interesting – baskets of practice

As noted above, both too much repetition and not enough diversity are problematic for retention of participants. Approaches to QGTC, or any exercise, must have room for enough diversity to satisfy the need for something new.

7. Replicable across diverse populations – baskets of practice

In the widespread diffusion of new ideas a compelling set of benefits, a body of knowledge (cognitive and kinesthetic) and a system of teaching for assisting in learning and then sustaining a new health improvement method must be replicable across diverse populations and venues. This is one of the greatest barriers to the diffusion of QGTC. The field is wildly disparate. There is little standardization in the research or in the teaching. Achieving a framework for supporting easily replicable implementation of QGTC and research on positive health or social outcomes is vital.

When positive findings are reported for Master Soandso’s Method, but then no one can access the Master’s unique method, it is counter productive. For this reason we at the Institute of Integral Qigong and Tai Chi have come to feel that “baskets of practice” based on traditional principles of practice is a preferred pathway to creating the needed framework for broad diffusion of QGTC.

8. Inexpensive

QGTC are inexpensive to implement. One facilitator, practice leader or teacher can work with a large group of students, so the scale is conducive to a high benefit, low fee context. There is no special equipment required. The cost of entry for individual students or practitioners is minimal. With QGTC there are few barriers to entry for participants or institutions interested in accessing the benefits of QGTC for their constituencies.

9. Inherent philosophical connections but not religious, martial or esoteric

One of the most intriguing areas of promise is that QGTC have an inherent association with an entire body of philosophical knowledge that is not necessarily either religious or esoteric. Learning and practicing QGTC automatically associate the student with interesting connections with nutrition, holistic healing modalities like acupuncture and massage, world view, patience, compassion and more. This aspect of QGTC should be leveraged rather than discounted.

10. Inherent association with holistic medical practices and integrative medicine

QGTC are inherently interwoven with acupuncture, manual therapies (physical therapy, massage and joint correction), herbal medicine, dietary refinement and a wide array of wellness type activities associated with proper rest, right relationships, and energy conserving lifestyle and sexual practices. Given the tragic rise of negative drug interactions (Lazarou, 4/98) and medical accidents (Richardson, 8/2000) citizens are seeking natural healing, holistic medicine complementary and integrative medicine in massive

numbers. QGTC assist seekers of greater health to combine a self-directed, proactive quest for health with further information and background on natural healing methods that tend to have much reduced risk for medical accidents, errors and adverse pharmaceutical events.

11. Facilitators (or practice leaders) may be non-professional to accelerate diffusion

The national standard for a “teacher” of QGTC, set by the National Qigong Association (NQA), is 200 hours. While this level prepares a teacher to be responsible for teaching the subtleties of Qigong and Tai Chi, the need is too great to require this standard for senior centers, YMCAs, faith based health ministries, corporate wellness programs, spas, etc. The best practice for this area is to suggest advocacy for a staged or phased curriculum and certification process. We have been developing three staged levels for an advancing QGTC curriculum – facilitator (25 hours), practice leader (65 hours) and teacher (200 hours).

The less thoroughly trained entry level “facilitator” for passing along simple QGTC can evolve to greater levels of knowledge and skill over time. This opens a wider door to engage a larger population of learners or end users (practitioners) into the practice. Those with less training can begin to involve people safely –, as simple QGTC are inherently safe. This process leverages greater numbers of people (those who may become interested in developing greater skill over time) toward higher levels of learning from those with greater levels of knowledge and skill.

This framework does not replace the great masters, it actually brings a larger number of customers to the great masters. Nor does it water down the cultivation arts, as some have claimed. It actually enlarges the pool of those who will ultimately seek the higher and more refined levels of practice.

12. Nationally uniform standards for facilitators, practice leaders and teachers

The National Qigong Association (NQA) has been working for 10 years on standards for certification of teachers. The National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM) certifies doctors of Oriental medicine (OMD, DOM), practitioners of Asian body therapy (ABT) and herbalists. The NCCAOM is considering (slowly) the possibility of certifying QGTC Teachers as well. There is some possibility that the NCCAOM may undertake the process of creating a certification for briefer study – facilitator, practice leader) -- to assist in diffusing QGTC throughout the culture.

Appendix:

Primary Best Practice: Clarify the Field

Qigong and Tai Chi are actually aspects of one thing. Yet, in research they have been characterized, with no coherent rationale for doing so, as separate disciplines.

In this brief concluding appendix I will reflect on the likeness of Qigong and Tai Chi (QGTC). Therefore, in the end this means reflecting to a certain extent on best practices for both Qigong and Tai Chi.

A historic watershed task could easily be undertaken by the participants of The National Expert Meeting on Qigong and Tai Chi (NEMQGTC). Instead of approaching Tai Chi and Qigong as isolated from each other and from the larger body of health (functionality) enhancement types of exercise, I sincerely urge the NEMQGTC group to consider aiming to determine how QGTC are alike and begin to project on what unique “category” (or “kind”) of exercise or fitness category QGTC are part of. It is fairly obvious that Yoga, some approaches to Pilates and numerous other mindful exercise systems that induce the inhibition of the sympathetic aspect of the autonomic nervous system and accelerate natural mechanisms of self-repair are also a part of this category.

A key characteristic of this category of “exercise” or “practice” is the simultaneous implementation of body activity plus meditation or mind focus -- inner quiet, body-mind practice, etc.

The ancient natural scientists who developed Qigong and Tai Chi have written throughout the ages, “cultivate stillness within movement, cultivate movement within stillness”. Practice methodologies or “exercises” like Qigong and Tai Chi accomplish this by implementing inner quiet (stillness) within exercise (movement) and by accelerating inner functionality (movement) within meditation (stillness)

Qigong, Tai Chi (and Yoga) share what are typically known as the three intentful corrections-

1. Postural awareness and gentle movement
2. Breath awareness
3. Conscious focus of intent (mind)

From most perspectives these separately named methodologies components combine to create exercise with meditation -- dynamic meditation. All of the types of moving meditation, mindful exercise, meditative exercise, restful fitness – are extremely alike and seem to comprise a unique category of practice.

Possible Category

Mind-Body Exercise

Self – Maximization Practice

Purposeful Self-Regulation Exercise

Autonomic Self-Control Methodologies

Self-Directed Behavioral Modification Techniques

Sympathetic Inhibition Practice

MindBody Transformative Practice

Interestingly, they also – unfortunately not a key topic for this meeting – have the traditional characteristic of being “energy” exercises, subtle energy methodologies, methods of energy medicine and energy healing. These qualities may also be an aspect of this “unique” category of exercise.

Another possible category

Somato-energetic Practice

Final Point on Clarifying the Field

A final point on clarifying the field and the highlighting the likeness of Qigong and Tai Chi. The emerging body of literature on each is astounding and the pace of the accrual of studies is very notable. However, when these bodies of literature are combined into one larger body of literature, it is startling. The range of health conditions and health outcomes that are already well documented is arresting.

Currently on PubMed – 10/31/05

In a Pub-Med search for randomized controlled trials (RCT) on Tai Chi (and alternative spelling “Taiji”), for a period of ten years, there are 25 citations. In a PubMed search for randomized clinical trials on Qigong (no citations for alternative spelling “Chi Kung”), for the same ten year period, there are 107 citations . This is a total, in this casual poll of 132 RCT for QGTC. By contrast the number of RCT for Yoga is 42.

(It is important to note that in Pub-Med the definition of Qigong associates it with several kinds of self directed health improvement practices including restful exercise, breathing exercise, mind-body exercise,

methods that induce the relaxation response, inspiratory muscle strengthening. **This one key reason for a clarifying of the field).**

The point is that the research is collecting quickly, especially when QGTC are perceived to be two aspects of one thing. It may also be worth exploring that Yoga is also a type of this unique category of exercise or practice wherein exercise and meditation are combined.

From a Literature Review in 2003:

In 2003, in preparing the article “ *Qigong and Tai Chi in Integrative Medical Practice for Cardiovascular Disease*”, a PubMed search from 1980 yielded 47 Qigong citations for clinical trials (CT-table 1). The search for Tai Chi yielded 28 citations for clinical trials (CT-table 2). In a few cases, two diagnostic or disease risk areas were explored in the research findings and in those cases both areas were counted: Ex- “Balance control, flexibility, and cardiorespiratory fitness among older Tai Chi practitioners”, was counted as both a balance/fall prevention study and a cardiovascular study.

The most interesting finding in reviewing the literature for clinical trials was that cardiovascular studies ranked at #1 for Qigong (15 citations, roughly 30% of all CTs) and #2 for Tai Chi (4 citations, almost 1/2 of the number done on balance and fall prevention). This suggests that both Qigong and Tai Chi are relevant as interventions for the prevention of heart disease and the management of populations at risk for heart disease (including stroke and hypertension).

Qigong Clinical Trials (CT) Since 1980 (Table 1)

Cardiovascular./Circulatory/Blood Pressure	15
COPD, Asthma	14
Nervous System Modulation, Mood-Panic, Stress, Anxiety, Depression	7
Peri-Surgical	5
Functionality	3
Endocrine Function	3
Cancer	2
Immune Function	2
Pain Management, fibromyalgia, arthritis, other	2
Prevention/Wellness	1
Substance Abuse	1

MS = multiple sclerosis, MG =myasthenia gravis,

Tai Chi Clinical Trials (CT) Since 1980 (Table 2)

Fall and Frailty Prevention, Balance	11
Cardiovascular./Circulatory/Blood Pressure	4
Pain Management, fibromyalgia, arthritis, other	5
Nervous System Modulation, Mood-Panic, Stress, Anxiety, Depression	4
Functionality	3
General Aspects of Aging	1

Due to the fact that a search for the keyword Qigong automatically retrieves citations for “breathing exercises”, studies that were deemed eligible to be counted in this review included a few that do not have

Qigong in the title but that definitely include Qigong – like practices including breath practice with either postural correction, intentful relaxation or gentle exercise.

As noted in the tables above, the primary areas of focus for Qigong were cardiovascular (15 citations), and COPD/asthma (14 citations), which included several of the “breathing exercises” citations. Mood - stress, etc (7 citations), peri-surgical (5 citations) and functionality (3 citations).

The primary focus of research on Tai Chi was stability, balance enhancement and fall prevention (11 citations). The second largest pool of studies (4 citations) is in the cardiovascular area--prevention, rehabilitation, heart function, circulatory efficiency, oxygen consumption, hypertension and lipid profile. Pain management (5 citations), mood – stress, etc (4 citations), and functionality (3 citations).

One Body of Research

Given Qigong and Tai Chi are so similar it is reasonable to consider these two bodies of research as one, single, comprehensive practice discipline or field of study. It is reasonable to view Qigong and Tai Chi in this way because they are both based on the same practical set of components, the three intentful correction: body regulation, breath regulation and regulation of the attention and consciousness. (for short – body-breath-mind).

Comprehensive research framework combining Qigong and Tai Chi (table 3)

Cardiovascular,/Circulatory/Blood Pressure	19
COPD, Asthma	14
Nervous System Modulation, Mood-Panic, Stress, Anxiety, Depression	11
Fall and Frailty Prevention, Balance	11
Pain Management	7
Functionality	6

When taken as a single body of research the strength of Qigong and Tai Chi in cardiovascular health care becomes profoundly obvious. Looking at Qigong and Tai Chi in this way quickly doubles the impact of the research that has been done.

Therefore, I urge the participants of the National Expert Meeting on Qigong and Tai Chi to consider Qigong and Tai Chi as two aspects of one approach to dynamic or moving meditation.

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